

ALL PETITIONS MUST BE SCHEDULED FOR HEARING.
PLEASE HAVE ALL FORMS COMPLETED IN BLUE OR BLACK
INK AND ALL NECESSARY REQUIREMENTS
BEFORE SIGNING IN

**IF YOU ARE FILING A PETITION FOR LIMITED
GUARDIANSHIP OF A MINOR YOU NEED ALL OF THE
FOLLOWING:**

1. The minor's birth certificate (not hospital record);
2. The completed Petition signed by the custodial parent(s) and the minor, if 14 years of age or older;
3. All four (4) sections of the Limited Guardian Placement Plan must be completed and signed by the custodial parent(s) and the proposed guardian(s);
4. The Order Regarding Appointment and Acceptance of Appointment must be completed by the proposed guardian(s);
5. The Minor Guardianship Clearance Request must be completed in full by the proposed guardian(s). There will be a home investigation and LEIN check of the proposed guardian(s);
6. A Judgment of Divorce and other custody Order(s), if any. I.e. Judgment of Filiation, Affidavit of Parentage, etc.);
7. A Death Certificate of any deceased parent of the minor;
8. A letter from Juvenile Court or Department of Human Services if either agency is involved with the minor.
9. A filing fee of **\$150.00** for each Petition, and an additional **\$11.00** for each certified Letter of Guardianship.

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	NOTICE OF HEARING	FILE NO.
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In the matter of _____

TAKE NOTICE: A hearing will be held on _____ at _____ m.,
Date Time
 at _____ before Judge _____
Location Bar no.
 for the following purpose(s): state the nature of the hearing

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

_____		_____	
<small>Date</small>		<small>Date</small>	
_____ <small>Attorney name</small>	_____ <small>Bar no.</small>	_____ <small>Petitioner name</small>	_____ <small>Bar no.</small>
_____ <small>Address</small>		_____ <small>Address</small>	
_____ <small>City, state, zip</small>	_____ <small>Telephone no.</small>	_____ <small>City, state, zip</small>	_____ <small>Telephone no.</small>

The law provides that you should be notified of this hearing. Unless the check box below is marked, you are not required to attend the hearing, but it is your privilege to do so.

☐ You are required to attend this hearing.

Do not write below this line - For court use only

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	PETITION FOR APPOINTMENT OF LIMITED GUARDIAN OF MINOR	FILE NO.
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In the matter of _____ **XXX-XX-** _____, a minor
 Last four digits of SSN.

1. I am interested in this matter and make this petition as custodial parent of the minor.
- ☐ 2. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and ☐ remains ☐ is no longer pending.
3. The minor was born _____, is unmarried, resides in _____
 Date _____ County _____
 at _____
 Address _____ City/Township _____
 State _____ Zip _____, and is presently located in _____
 County _____
 at _____
 Address (only if different than above) _____ City/Township _____
 State _____ Zip _____.
- ☐ The minor is a citizen of the following foreign country: _____
- ☐ The minor is a biological child of a member of _____ an American Indian tribe/band and is
 Name of tribe/band
 a member of or is eligible to be a member of that tribe/band.
4. The persons interested in this proceeding are:

NAME	RELATIONSHIP	ADDRESS
	Father/Age _____	
	Mother/Age _____	
	Conservator	
	Guardian	
	Person with care/ custody of minor*	

* also list persons who had principal care and custody of minor during the 63 days preceding filing of petition

5. The welfare of the minor will be served by the appointment.
6. A proposed limited guardianship placement plan is attached.

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

IREQUEST:

7. _____ whose address is _____
Name Address

City/Township State Zip Telephone no. be appointed limited guardian of the minor.

8. Other: _____

9. I CONSENT TO THE SUSPENSION OF MY PARENTAL RIGHTS.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature of custodial father

Address

City, state, zip Telephone no.

Date

Signature of custodial mother

Address

City, state, zip Telephone no.

NOTE: If both parents have custody, each must sign.

☐ 10. I am 14 years of age or older. I nominate _____ as my guardian
Name
who lives at _____
Address City State Zip

Date

Signature of minor

Attorney signature

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	LIMITED GUARDIANSHIP PLACEMENT PLAN	FILE NO.
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In the matter of _____, a minor

Special Note in Completing Form:

Items 1 through 4 must be completed to comply with MCL 700.5205(2).

Each custodial parent who signs this plan is agreeing to all the conditions of the plan even though each item refers to a single person. When more than one parent enters into this agreement and they differ from one another in any area of the plan, each parent must complete their own plan on separate forms. For example:

- If they differ in their reasons for the guardianship, each parent must specify their own reasons.

☐ This plan modifies a limited guardianship placement plan previously approved by the court.

As custodial parent, I desire to establish a limited guardianship for my child and agree to the following plan:

1. The reason I want a limited guardianship is:

- ☐ To enable my child to attend school in the proposed guardian's school district.
- ☐ To provide health insurance through the proposed guardian.
- ☐ I will be or am incarcerated until _____.
- ☐ I am currently without housing adequate for my child.
- ☐ I am unable to care for my child because of my health.
- ☐ I am unable to care for my child because of my mental instability.
- ☐ I desire an alternative to action recommended by child protective services.
- ☐ I have lost substantial control of my child's behavior.
- ☐ I need to improve my parenting skills.
- ☐ The minor's physical needs for food, clothing, and housing may best be met by the proposed guardian.
- ☐ To comply with the requirement of the ☐ Reserves. ☐ Armed Forces.
- ☐ Other:

2. Visits and contact with my child will be sufficient to maintain my parent and child relationship and will be as follows:

- ☐ I will visit my child on: (please circle each day you plan to visit) Su M Tu W Th F Sa
from: (please specify the time and circle either a.m. or p.m.) _____ a.m. p.m. to _____ a.m. p.m.
- ☐ I will visit my child _____ times each ☐ week. ☐ month.
- ☐ Visits will occur at ☐ my residence. ☐ the proposed guardian's residence. ☐ _____.
- ☐ Telephone contact will take place ☐ daily. ☐ weekly. ☐ monthly. ☐ _____.
- ☐ Letters will be sent ☐ daily. ☐ weekly. ☐ monthly. ☐ _____.
- ☐ I will attend my child's school conference provided I receive timely notice of the conference.
- ☐ I will attend counseling with my child.
- ☐ I will participate in and arrange positive outings with my child ☐ daily. ☐ weekly. ☐ monthly. ☐ _____.
- ☐ I will provide transportation for my child for _____.
- ☐ I will attend all doctor/dental appointments for my child (excluding emergencies).
- ☐ Transportation to and from visits with my child will be the responsibility of _____.
- ☐ Collect telephone calls will be accepted at number _____.
- ☐ Other:

SEE OTHER SIDE FOR REMAINING PLANS

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Approved:

Date

Judge

3. Financial support will be made by me as follows:

- ☐ Health insurance coverage through _____.
Policy numbers are _____.
- ☐ School lunch money, clothing, supplies.
- ☐ Car insurance.
- ☐ \$ _____ each month for room, board, miscellaneous expenses to be paid at month's ☐ end. ☐ beginning.
- ☐ I will pay for counseling.
- ☐ I will pay for transportation to and from visits.
- ☐ I will provide food for my child as follows: _____
- ☐ I will pay for babysitting as follows: _____
- ☐ Other: _____

4. My plan is for the limited guardianship to continue until:

- ☐ The end of the current school year.
- ☐ ☐ I graduate ☐ my child graduates from high school.
- ☐ I am able to provide a drug-free household.
- ☐ I complete parenting classes.
- ☐ I am no longer ☐ incarcerated. ☐ on parole/probation.
- ☐ I am gainfully employed.
- ☐ I have established myself in a new residence.
- ☐ I have successfully completed drug or alcohol inpatient/outpatient treatment.
- ☐ I have cooperated with a substance abuse assessment and have followed the recommendations of the assessment.
- ☐ I have cooperated with a psychological evaluation and have followed the recommendations of the assessment.
- ☐ I have successfully completed psychological counseling.
- ☐ My child can accept my parental authority.
- ☐ I complete my ☐ G.E.D. ☐ job training.
- ☐ I no longer cohabitate with individuals.
- ☐ I cooperate with a domestic assault program.
- ☐ I have health insurance coverage for my child.
- ☐ I have completed my obligation to the Reserves or Armed Forces.
- ☐ Other: _____

5. I also agree as follows: _____

As a custodial parent of the minor, I understand that if I substantially fail, without good cause, to follow this plan, my parental rights may be terminated by the court through proceedings under the juvenile code.

Date

Signature

Name of custodial parent (type or print)

Address

City, state, zip Telephone no.

Date

Signature

Name of custodial parent (type or print)

Address

City, state, zip Telephone no.

Agreement and Acceptance of Appointment by Limited Guardian

I will serve as limited guardian of the minor. I agree with this plan, and I accept the appointment and agree to file reports and to perform all duties required by law.

Date

Signature

Name of proposed guardian (type or print)

Address

City, state, zip Telephone no.

Date of birth Driver license no. or other identification

Date

Signature

Name of proposed guardian (type or print)

Address

City, state, zip Telephone no.

Date of birth Driver license no. or other identification

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	ORDER REGARDING APPOINTMENT OF <input type="checkbox"/> GUARDIAN <input type="checkbox"/> LIMITED GUARDIAN OF A MINOR	FILE NO.
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In the matter of _____, a minor

1. Date of hearing: _____ Judge: _____ Bar no. _____

THE COURT FINDS:

2. Notice of hearing was given to or waived by all interested persons, venue is proper, and a qualified person seeks appointment.

☐ 3. The above named minor is not in need of a guardian.

☐ 4. The above named minor is unmarried and is in need of a guardian because:

☐ a. parental rights of both parents or of the surviving parent have been

☐ terminated ☐ suspended by:

☐ prior court order.

☐ death.

☐ disappearance.

☐ judgment of divorce or separate maintenance.

☐ judicial determination of mental incompetency.

☐ confinement in a place of detention.

or ☐ b. the parent(s) permit the minor to reside with another person and do not provide the other person with the legal authority for the care and maintenance of the minor who was not residing with a parent when the petition was filed.

or ☐ c. the biological parents of the minor were never married to each other, the custodial parent has ☐ died ☐ disappeared and the other parent has not been granted legal custody by court order. The proposed guardian is related to the minor within the fifth degree by marriage, blood, or adoption.

☐ 5. The above named minor is unmarried, and the custodial parent(s) consented to the appointment of a limited guardian and voluntarily consented to suspension of parental rights. A limited guardianship placement plan has been filed and approved.

☐ 6. The welfare of the minor will be served by the appointment,

☐ and by ☐ payment of reasonable support. ☐ reasonable parenting time and contact by the parent(s).

☐ 7. There is no qualified, suitable individual willing to act as guardian and the appointment of a nonprofit corporation as guardian is in the best interest of the minor. A personal bond must be filed.

IT IS ORDERED:

8. The petition is ☐ granted. ☐ denied on the merits. ☐ dismissed/withdrawn.

9. _____, whose address and telephone number are:
 Name (type or print)

Address _____ City _____ State _____ Zip _____ Telephone no. _____

is appointed ☐ full ☐ limited ☐ temporary guardian of the minor named above, and an acceptance of appointment shall be filed. ☐ Personal bond at \$ _____ must be filed.

After qualification, the guardian shall comply with all relevant requirements under the law.

10. This appointment is ☐ regular. ☐ temporary, expiring on _____.

11. Parenting time shall be ☐ as stated in the placement plan. Date _____

☐

12. Child support shall be paid as follows: ☐ as stated in the placement plan.

☐ father: _____

☐ mother: _____

13. Other: _____

 Date

 Judge

 Attorney name (type or print)

 Bar no.

Address _____ City _____ State _____ Zip _____ Telephone no. _____

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STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	ACCEPTANCE OF APPOINTMENT	FILE NO.
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In the matter of _____

1. I have been appointed _____ of the person/estate.
Type of fiduciary

2. I accept the appointment, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.

☐ 3. For a period of _____ days from the date of my appointment I exclude from the scope of my responsibility the
not to exceed 91 days
 following real estate or ownership interest in a business entity: _____
Describe real property or business interest

because I reasonably believe the real estate or other property owned by the business entity is or may be contaminated by a hazardous substance, or is or has been used in an activity directly or indirectly involving a hazardous substance that could result in liability to the estate or otherwise impair the value of property held by the estate.

 Date

 Signature

 Attorney name (type or print) Bar no.

 Name (type or print)

 Attorney address

 Address

 City, state, zip Telephone no.

 City, state, zip Telephone no.

 Date of birth

 Driver license no. or other identification

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STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	WAIVER/CONSENT	FILE NO.
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In the matter of _____

1. I am interested in the matter as _____ .

☐ 2. I waive notice of the hearing and consent to the application/petition for _____
 Nature of application/petition and name of applicant/petitioner

_____, and I declare that I have received a copy of this application/petition.

☐ 3. I waive notice of hearing on _____
 Nature of hearing

 Date

 Signature

 Attorney name (type or print) Bar no.

 Name (type or print)

 Address

 Address

 City, state, zip Telephone no.

 City, state, zip Telephone no.

NOTE: Do not use for waivers under MCL 700.3310.

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STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	PROOF OF SERVICE	FILE NO.
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In the matter of _____

1. Titles of the papers served or mailed: _____

☐ 2. I served by ☐ ordinary mail ☐ registered mail (copy of return receipt attached) ☐ certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

☐ 3. I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

☐ 4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Mileage fee	Total fee
\$		\$	\$

Date _____

Signature _____

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MACOMB COUNTY PROBATE COURT

MINOR GUARDIANSHIP CLEARANCE REQUEST

FILE NAME: _____

MINOR'S RACE: _____ MINOR'S DOB: _____ MALE / FEMALE
(Circle One)

FILE NUMBER: _____

PROPOSED GUARDIAN/CO-GUARDIAN INFORMATION

FULL NAME: _____
LAST FIRST MIDDLE (No Initials)

BIRTHDATE: _____ RACE: _____ MALE / FEMALE
(Circle One)

ADDRESS: _____

()
PHONE NO.

FULL NAME: _____
LAST FIRST MIDDLE (No Initials)

BIRTHDATE: _____ RACE: _____ MALE / FEMALE
(Circle One)

ADDRESS: _____

()
PHONE NO.

NAME(S) AND BIRTH DATES OF ALL OTHER ADULT & MINOR RESIDENTS IN THE PROPOSED GUARDIAN'S HOME

HEARING DATE: _____

REQUESTED BY: _____

DATE REQUESTED: _____

REQUEST RESULTS

CPS CLEARANCE: _____

LEIN RESULT(S): _____

DATE: _____